



DEPARTMENT OF LABOR AND INDUSTRY

BOARD OF PERSONNEL APPEALS

DATE FILED: _____

CASE NO: _____

JOINT REQUEST FOR ASSISTANCE

You are hereby notified that a labor dispute exists between the parties named in this request. You are further notified that assistance is requested from your office. A copy of this request has been served upon all parties named.

INSTRUCTIONS: SUBMIT ORIGINAL OF THIS REQUEST TO: THE BOARD OF PERSONNEL APPEALS, PO BOX 201503, HELENA, MT, 59620-1503. IF MORE SPACE IS REQUIRED FOR ANY ITEM, ATTACH ADDITIONAL SHEETS AND NUMBER ITEMS ACCORDINGLY. **(Print or type in black)**

1. NAME OF AUTHORIZED REPRESENTATIVE: **(Contact Name, Entity, Mailing Address, Telephone Number & Email Address)**

2. AFFILIATION: (If any)

3. NAME of PUBLIC EMPLOYER: : **(Contact Name, Mailing Address, Telephone Number and Email Address)**

4. DESCRIPTION of UNIT:

5. RECOGNIZED or CERTIFIED LABOR ORGANIZATION AND AUTHORIZED REPRESENTATIVE:

6. DESCRIPTION OF ISSUE (subject of request): **(Detailed description, attach additional sheets if necessary)**

7. ASSISTANCE REQUESTED: **(mediation, facilitation, training, fact finding or arbitration)**

8. Signatures of: AUTHORIZED REPRESENTATIVE PUBLIC EMPLOYER

Name of official filing this request: _____
Title: _____ Phone Number: (____) _____ Address: _____

SIGNATURE: _____